

**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): LOUIS M. KINDT ET AL.

Docket No.

BUR920030115US1

Application No.

10/707,034

Filing Date

11/17/2003

Examiner

S. Rosasco

Group Art Unit

1756

Invention: METHOD FOR CONTROLLING LINEWIDTH IN ADVANCED LITHOGRAPHY MASKS  
USING ELECTROCHEMISTRYRECEIVED  
CENTRAL FAX CENTER

NOV 09 2005

I hereby certify that this

Transmittal and Amendment

(Identify type of correspondence)

is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. 571-273-8300)

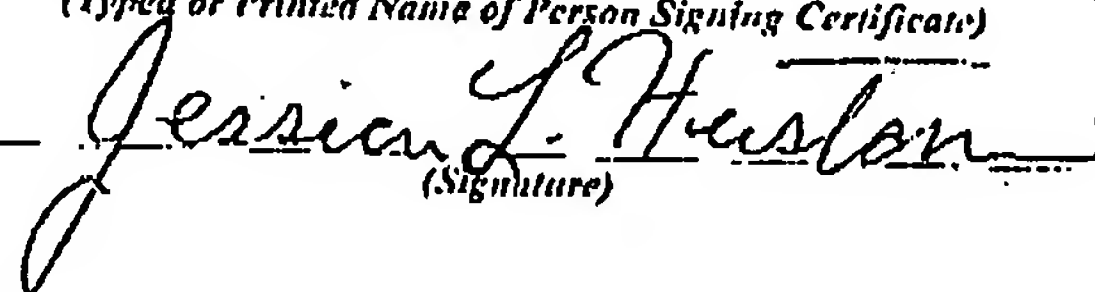
on

11/09/2005

(Date)


Jessica L. Huston

(Typed or Printed Name of Person Signing Certificate)

  
(Signature)

Note: Each paper must have its own certificate of mailing.

BEST AVAILABLE COPY

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No.	
Applicant(s): LOUIS M. KINDT, ET AL.				BUR920030115US1	
Application No. 10/707,034	Filing Date 11/17/2003	Examiner Rosasco, S.	Customer No. 46428	Group Art Unit 1756	Confirmation No. 1033
Invention: METHOD FOR CONTROLLING LINEWIDTH IN ADVANCED LITHOGRAPHY MASKS USING ELECTROCHEMISTRY					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	21 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0456					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature					
Dated: November 9, 2005					
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;"><p>Sean F. Sullivan Reg. No. 38,328 Cantor Colburn LLP 55 Griffin Road South Bloomfield, CT 06002 860-286-2929</p></div><div style="width: 50%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					

BEST AVAILABLE COPY

RECEIVED  
CENTRAL FAX CENTER  
NOV 09 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	LOUIS M. KINDT, ET AL.	)
		) Group Art Unit: 1756
Serial No.:	10/707,034	)
		)
Filed:	November 17, 2003	) Examiner: Rosasco, S.
		)
For:	METHOD FOR CONTROLLING	)
	LINEWIDTH IN ADVANCED	) Confirmation No.: 1033
	LITHOGRAPHY MASKS USING	)
	ELECTROCHEMISTRY	)

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

In response to the Office Action mailed August 19, 2005, please amend the  
Application as follows:

BEST AVAILABLE COPY